

08/10/01
JC914 U.S. PTO

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PTO/SB/05 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	47079-066
	First Inventor	Peter R. Anderson
	Title	GAMING MACHINE WITH PATTERN-DRIVEN BONUS ARRAY
	Express Mail Label No.	EK153520941US, filed August 10, 2001
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 25]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D Invention
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 16]
5. ☒ Oath or Declaration [Total Pages 5]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statement verifying identity of above copies

Accompanying Application Parts	
9. <input checked="" type="checkbox"/>	Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
11. <input type="checkbox"/>	English Translation Document (if applicable)
12. <input checked="" type="checkbox"/>	Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations
13. <input type="checkbox"/>	Preliminary Amendment
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/>	Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input type="checkbox"/>	Other

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ____/____, filed

Prior application Information: Examiner ____ Group/Art Unit: ____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☐ New correspondence address below

NAME	Michael J. Blankstein				
ADDRESS	WMS Gaming Inc.				
	800 South Northpoint Boulevard				
CITY	Waukegan	STATE	IL	ZIP CODE	60085
COUNTRY	USA	TELEPHONE	(773) 961-1480	FAX	(773) 961-1237
Name (Print/Type)	Michael J. Blankstein		Registration No. (Attorney/Agent)	37,097	
Signature	<i>Michael Blankstein</i>		Date	August 10, 2001	

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision

Complete if Known

Application Number	
Filing Date	August 10, 2001
First Named Inventor	Peter R. Anderson
Examiner Name	
Group Art Unit	
Attorney Docket Number	47079-066

TOTAL AMOUNT OF PAYMENT	(\$)	964
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METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 232409/47079-066

Deposit Account Name **Williams Electronics Games Inc.**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status
-
- See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility filing fee	<u>710</u>
106	320	206	160	Design filing fee	<u> </u>
107	490	207	245	Plant filing fee	<u> </u>
108	710	208	355	Reissue filing fee	<u> </u>
114	150	214	75	Provisional filing fee	<u> </u>
SUBTOTAL (1)					(\$)<u> 710 </u>

2. EXTRA CLAIM FEES

	Extra		Fee from below		Fee Paid
Total Claims <u>23</u> - 20 =	<u>3</u>	X	<u>18</u>	=	<u>54</u>
Independent Claims <u>5</u> - 3 =	<u>2</u>	X	<u>80</u>	=	<u>160</u>
Multiple Dependent Claims	_____	X	_____	=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$) 214

**** or number previously paid, if greater; For Reissues, see above**

FEE CALCULATION (continued)

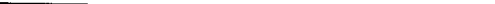
3. ADDITIONAL FEES

Large Fee Code Paid	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for ex parte reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for reply within first month	_____
116	390	216	195	Extension for reply within second month	_____
117	890	217	445	Extension for reply within third month	_____
118	1,390	218	695	Extension for reply within fourth month	_____
128	1,890	228	945	Extension for reply within fifth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive - unavoidable	_____
141	1,240	241	620	Petition to revive - unintentional	_____
142	1,240	242	620	Utility issue fee (or reissue)	_____
143	440	243	220	Design issue fee	_____
144	600	244	300	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Processing fee under 37 CFR 1.17(q)	_____
126	180	126	180	Submission of Information Disclosure Statement	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	<u>40</u>
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	_____
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	_____
179	710	279	355	Request for Continued Examination (RCE)	_____
169	900	169	900	Request for expedited examination of a design application	_____
Other fee (specify) _____					
SUBTOTAL (3)					(\$) 40

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name		Michael J. Blankstein	Registration No. (Attorney/Agent)	37,097	Telephone	(773) 961-1480
Signature					Date	August 10, 2001